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Application Number	10/553,133
Filing Date	14-OCT-2005
First Named Inventor	Wa Chu
Title	Flat-foldable face-mask and p
Art Unit	3772
Examiner Name	PATEL, NIHIR B
Attorney Docket Number	CHU0101PUSA

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

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OR

 Firm or Individual Name **Mr. Wa CHU**

Address vBox 882086, Singapore 919191 (vBox can reach me wherever I move in the future)

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I am the:

 Applicant/Inventor.

OR

 Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/98) submitted herewith or filed on _____**SIGNATURE of Applicant or Assignee of Record**

Signature	VCHU WA	Wa CHU	Date	August 31, 2009
Name	Wa CHU	Wa CHU	Telephone	+65 81183083
Title and Company	Mr.			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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